

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

2. STATE:

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

~~April 1, 2003~~ MAY 1, 2003, *Per letter dtd MAY 12, 03*

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 4,250  
b. FFY 2004 \$ (8,500)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

SUPPLEMENT 12 to ATTACHMENT 2.6-A  
Page 1 & 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

SUPPLEMENT 12 to ATTACHMENT 2.6-A  
Page 1 & 2

10. SUBJECT OF AMENDMENT:

To add a gross income test for the low income families program.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Robert M. Kerr*

13. TYPED NAME:

Robert M. Kerr

14. TITLE:

Director

15. DATE SUBMITTED:

March 18, 2003

16. RETURN TO:

South Carolina Department of Health and Human Services  
Post Office Box 3203  
Columbia, South Carolina 29202-8206

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 31, 2003

18. DATE APPROVED:

*June 10, 2003*

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

May 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

*Rhonda R. Cottrell*

21. TYPED NAME:

Rhonda R. Cottrell

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children's Health

23. REMARKS:

Approved with the following pen & ink change to Item 4:  
Proposed Effective Date was changed from April 1, 2003 to May 1, 2003 per letter from State dated May 12, 2003 (Copy with package)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under Section 1931 of the Act.

The following groups were included in the AFDC State Plan effective July 16, 1996:

       Pregnant women with no other eligible children.

  X   AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

       In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, without modification.

  X   In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications:

       The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988, as follows:

  X   The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increase in the CPI-U since July 16, 1996, as follows:

         X   Use TANF need standards revised annually in accordance with the Federal Poverty Level in the Federal Register, as reflected in Attachment A of the TANF State Plan, not to exceed the percentage increase in the CPI-U since July 16, 1996.

       The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increase in the CPI-U since July 16, 1996, as follows:

TN No. MA 03-006

Supersedes

Approval Date

JUN 27 2003

Effective Date

5/01/03

TN No. MA 98-004

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

1. Disregards all assets for applicants and recipients.
2. Disregards one motor vehicle per family member who works or participates in a training program.
3. Disregards income from interest or dividends up to \$400 annually.
4. Disregards earned income of dependent children.
5. Disregards cash value of life insurance policies up to \$10,000.
6. Disregards up to \$10,000 in an Individual Development Account.
7. Disregards lump sum payments from income. If lump sum payments are retained for more than a month, the amount retained is counted as a resource.
8. Disregards 50% of earned income for the first 4 months after employment begins and a standard disregard of \$100 for each month thereafter that earned income is received.
9. Disregards all earned income up to 185% of the Federal poverty level of recipients for 12 months after employment causes ineligibility.
10. Disregard difference between the 1931 income standard and 50% of the Federal poverty level by family size as revised annually in the Federal Register plus \$1.

The income and/or resource methodologies that the less restrictive methods replace are as follows:

1. Resource limit of \$1000 regardless of family size. No otherwise countable resources disregarded.

---

TN No. MA 03-006

Supersedes

Approval Date JUN 27 2003

Effective Date 05/01/03

TN No. MA 02-004